

**CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM
START-UP/EXPANSION GRANTS
APPLICATION INSTRUCTIONS**

This Application Package consists of the following:

1. ATTACHMENT 1: Letter of Intent - The California Department of Education (CDE) requires a letter of intent from each eligible school or county office of education to start-up or expand a School Breakfast Program (SBP). The program must remain in operation for at least three years from the date the breakfast service is initiated or expansion activities are complete. Eligible schools and/or county offices of education must agree to expend grant funds consistent with the budget, as reflected in Attachment 3, subject to approval by Nutrition Services Division (NSD).

An authorized official of the district or county superintendent must sign the Letter of Intent. If school or county board approval is required to confirm the commitment to start or expand an SBP, and you are confident of obtaining approval but cannot accomplish it before submitting the application, please initial the line indicated on the Letter of Intent. Evidence of board approval must be submitted to NSD prior to release of funds.

2. ATTACHMENT 2: Questionnaire - Provide detailed, concise answers to all the questions. If more space is needed, attach additional sheets. This information is an integral part of the NSD grant application.
3. ATTACHMENT 3: Budget - Complete all items on the budget form. If no funds are requested for a specific item, write "0" for that item. Enter amounts in whole dollars only (no cents). Start-up and expansion funds may be used for nonrecurring costs only. Indirect costs will **not** be allowed.

Send applications via regular or express mail to:

California Department of Education
Nutrition Services Division
Nutrition Program Management Unit
560 J Street, Suite 270
Sacramento, CA 95814-2342
Attention: Jim Lane, Program Analyst

Fax applications to:

(916) 445-5731
Attention: Jim Lane, Program Analyst

The **original** of the faxed application **must** be mailed to the above address as soon as possible for your application to be considered complete.

All complete applications must be received no later than November 15, 2000.

**CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM
START-UP/EXPANSION GRANT APPLICATION**

LETTER OF INTENT

INSTRUCTIONS: Complete this form for each applicant site.

Subject to funding by the California Department of Education (CDE), Nutrition Services Division (NSD), and for sites meeting the California State School Breakfast Program (SBP) Start-Up/Expansion Grant eligibility criteria,

Agreement Number (if applicable)

_____, agrees to:
Name of District/County Office of Education

1. (Fill in appropriate blank) Initiate an SBP during _____
month/year

OR

Complete SBP expansion activities during _____
month/year
at _____.
Name of School/Site

2. Expend funds only according to the budget estimates as approved by NSD.

3. Operate the SBP for at least three years.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

()

Telephone Number

Date

If applicable:

This Letter of Intent is contingent upon school board approval. The grant application will be presented at the next regularly scheduled board meeting on _____. Evidence of board approval must be submitted to NSD prior to expenditure of funds.

Initials of
Authorized Official

USDA and the NSD are equal opportunity providers and employers.

**CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM
START-UP/EXPANSION GRANT APPLICATION
QUESTIONNAIRE**

INSTRUCTIONS: Complete this form for each applicant site.

Name of School/Site

Address of School/Site

Agreement Number (if applicable)

Name of School District/County Office of Education

Address of School District/County Office of Education

Name and Title of Contact Person for Grant Application

()

Contact Person's Phone Number

If this application is for a Start-Up Grant, does the District or County Office of Education currently have any other sites participating in the School Breakfast Program (SBP)?

() Yes () No

Please answer the questions below for the applicant site.

1. Total number of children enrolled at this site: _____
2. Total number of children approved for free and reduced price lunches at this site: _____
3. Percentage of school enrollment approved for free and reduced priced lunches at this site: _____
4. Estimated number of children approved for free and reduced price meals who will be served, after implementation or expansion, if grant is awarded: _____

- [illegible]

If this application is for EXPANSION FUNDS, answer Question 7. If this application is for START-UP FUNDS, skip Question 7.

- [illegible]

**CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM
START-UP/EXPANSION GRANT APPLICATION
BUDGET**

INSTRUCTIONS: Complete this form for **each** applicant site.

Name of School Site

Name of School District or County Office of Education

Agreement Number

TOTAL GRANT REQUEST (for applicant site) \$ _____

COST PER NEEDY PUPIL (grant request / number children approved for free and reduced price meals)
\$ _____

If the cost per needy pupil exceeds \$45, attach a page providing detailed justification.

Please complete all items on the Budget. **You must provide specific detailed justification for all requests for your application to be considered.**

PLEASE REMEMBER:

- ?? Funding is only for nonrecurring costs.
- ?? No funds are allowed for purchasing or processing food.
- ?? No indirect costs may be charged to this program.
- ?? No funds are allowed for salaries and benefits of permanent staff.
- ?? No funds can be requested for equipment or services already under contract or on order.
- ?? Enter cost amounts in whole dollars only.

Any "**special circumstances**" for which funds are requested must be explained in detail. For example, if transportation equipment is requested, an explanation of its use, such as to transport satellite meals, must be provided. Other examples could include kitchen remodeling, or satellite meal system.

Nonrecurring personnel expenses must be explained in terms of how they relate to SBP start-up or expansion. Only that portion of a permanent staff member's salary which is directly related to the SBP start-up/expansion effort will be allowed. For instance, funds needed for bookkeeping, the normal duties of meal service employees, accountability, or computer personnel are not allowable. However, using funds to train these employees about the SBP or to travel to observe existing SBPs is allowable.

When requesting equipment, the capacity and quantity of items requested must be appropriate to the enrollment as well as to the number of needy students in the school.

EQUIPMENT:

<u>Item</u>	<u>Cost*</u>	<u>**</u>	<u>%</u>
A. _____	\$ _____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____
F. _____	_____	_____	_____
G. _____	_____	_____	_____
H. _____	_____	_____	_____
EQUIPMENT TOTAL	\$ _____		

?? If an item will be used for both breakfast and lunch, the percentage of use indicated determines funding for that item (e.g., if the requested item will be used 50% of the time for breakfast preparation and 50% of the time for lunch preparation and its total cost is \$100, then list \$50 as the cost for this item). **NOTE: Include sales tax.**

** Check here if this is a replacement item.

% If an item will be used for lunch and breakfast service, indicate the approximate percentage of use for breakfast. If used for breakfast only, indicate 100%.

Important:

?? If any of the above requested items are to replace existing equipment, explain the reason for replacing that equipment.

?? Requests for the following items must be explained in the justification, particularly since these items may already be in use for school lunch:

Tables and chairs, serving lines, transport equipment, large capacity ovens, refrigerators, coolers, freezers, mixers, skillets, microwaves, preparation tables, remodeling or rewiring of kitchens to accommodate new equipment, range hoods, safety equipment, ice machines, dishwashers, trays, and utensils.

?? Special circumstances require detailed explanations before a funding determination can be made. Examples of such circumstances include:

Schools with infrequent deliveries, schools serving as a central kitchen, satellite schools, schools with satellite meal services that wish to prepare their own meals, schools currently without a lunch program and/or schools currently without kitchens.

Justification for each equipment item (attach additional sheets if necessary):

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

OUTREACH:

Describe outreach efforts or promotional materials you will be using, such as mailing information to parents regarding the availability of the SBP or incentives for participation.

IMPLEMENTATION/EXPANSION:

Describe any anticipated implementation or expansion costs such as substitutes for food service personnel while receiving training or travel to other schools to observe SFSPs.

Note: If requesting funds for a staff member as a trainer or start-up/expansion coordinator, explain how the function will differ from the normal duties of the food service director and how much time they will be engaged in training and start-up/expansion activities.

- | | | |
|----|------------------------------|---------|
| A. | Travel | \$_____ |
| B. | Publications | _____ |
| C. | Materials | _____ |
| D. | Nonrecurring personnel costs | _____ |
| E. | Other costs | _____ |

OUTREACH and/or IMPLEMENTATION/EXPANSION TOTAL \$_____

Important:

?? If requesting funds for training, include in your explanation the staff to be trained; the purpose of the training; and training costs (e.g., staff salaries for training time, cost of substitutes, trainer, materials, etc.).

Justification for each outreach/implementation item (attach additional sheets if necessary):

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____
